## DIRECTIONS for Providers HOW TO COMPLETE A CCAP ENROLLMENT/ATTENDANCE VERIFICATION FORM

Please...

## Try to use black ink.

- 1. Count the number of Enrollment/Attendance Verification (EAV) forms that you receive from OFC so that you will know how many you must return to CCAP (you must return all EAV forms to CCAP in order to be paid for <u>all</u> children enrolled). If a child is no longer in your care, we still need to have his/her EAV form returned, indicating he did not attend.
- 2. Check to make sure that the name of <u>all CCAP</u> children in your care are listed on one of the EAV forms.
- 3. If a child's name is not included on any of the EAV forms, please use your blank EAV to write the child's name.
- 4. Please verify that all of the information on the EAV forms is correct (your name and address, month and year).
- 5. To track the attendance of each child in your care, for each day:
  - A. Providers will need to record (with an X) when the child attends
  - B. If a child was absent when he is schedule to attend, please mark with an A. Caution: A child with less than a five day schedule will not have an A on the dates she/he is not approved for CCAP attendance.
  - C. If the provider was closed, please mark the box with an H. This includes training and building/bad weather closings, as well as County holidays.
  - D. Please fill in the total number of days attended at the end of the column.
- 6. At the end of the month please review the EAV form, read the agreement at the bottom of the form, and <u>sign your name</u> and write the date in the box provided in the lower right corner of the form. *Your signature is required in order for you to receive payment. Your signature acknowledges that you have verified the accuracy of the attendance recorded on the EAV form.*

FAMILY CHILDCARE

Return To: DEPARTMENT OF FAMILY SERVICES OFFICE FOR CHILDREN, CCAP 12011 GOVT CENTER PARKWAY, 8<sup>TH</sup> FLOOR FAIRFAX, VA 22035

Fax (703) 324-3917

CHILD'S NAME	CHILD SSN	PARENT FEE	FUNDING SOURCE	AGE EVE	UNIT OF CARE	1	2	3 4	1 5	6	7	8	9 10	11	12	13 1	4 15	5 16	17	18 1	9 20	21	22 2	3 24	25	26	27 2	28 29	30	31	DAYS ATTND	REDETERM DATE
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Please have parent sign their name under child name																																

FOR EACH DAY, CODE AS FOLLOWS

X = Present A = Absent H = Holiday Please sign underneath your child(ren)'s name to verify accuracy of your child(ren)'s attendance, and to confirm understanding of and agreement with the following statement:

"I have read this form and certify that the information I have provided is complete and correct. I understand that this information is being given in connection with the receipt of County funds: that employees of the OFC verify the information; and that deliberate misinterpretation may subject me to prosecution under applicable State and County statutes. I understand it is a provider's obligation to report to the OFC instances in which parents are more than two weeks behind in their payment of fees to providers."

Period From:	To:	Page:	1	of:	1
Duonidon Cianotuno.		Date:			
Provider Signature:		Date:			